PTO/SB/06 (08-00)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Y3-13 OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) **NUMBER EXTRA** FOR NUMBER FILED RATE FEE **RATE** FEE **BASIC FEE** OR \$ \$ (37 CFR 1.16(a)) **TOTAL CLAIMS** 0 0 minus 20 = OR x \$18 12 x \$9 0.00 (37 CFR 1.16(c)) 0 INDEPENDENT CLAIMS minus 3 = 0 × 43_= OR x <u>86</u> == 0.00 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 0 TOTAL TOTAL OR 0.00 * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II SMALL ENTITY** OR **SMALL ENTITY** (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE **AMENDMENT** AFTER **EXTRA PREVIOUSLY FEE** FEE AMENDMENT PAID FOR OR Total = Minus (37 CFR 1.16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR **TOTAL** TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI- ∞ REMAINING **PRESENT** NUMBER **RATE** TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total Minus = \$ (37 CFR 1.16(c)) OR *** Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) ** Minus x S OR *** Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL

TOTAL

ADDIT. FEE

OR

ADDIT, FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.